



# SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

## The Future of Integrated Care

# Changing legislative & regulatory landscape

More Americans have coverage than ever before.

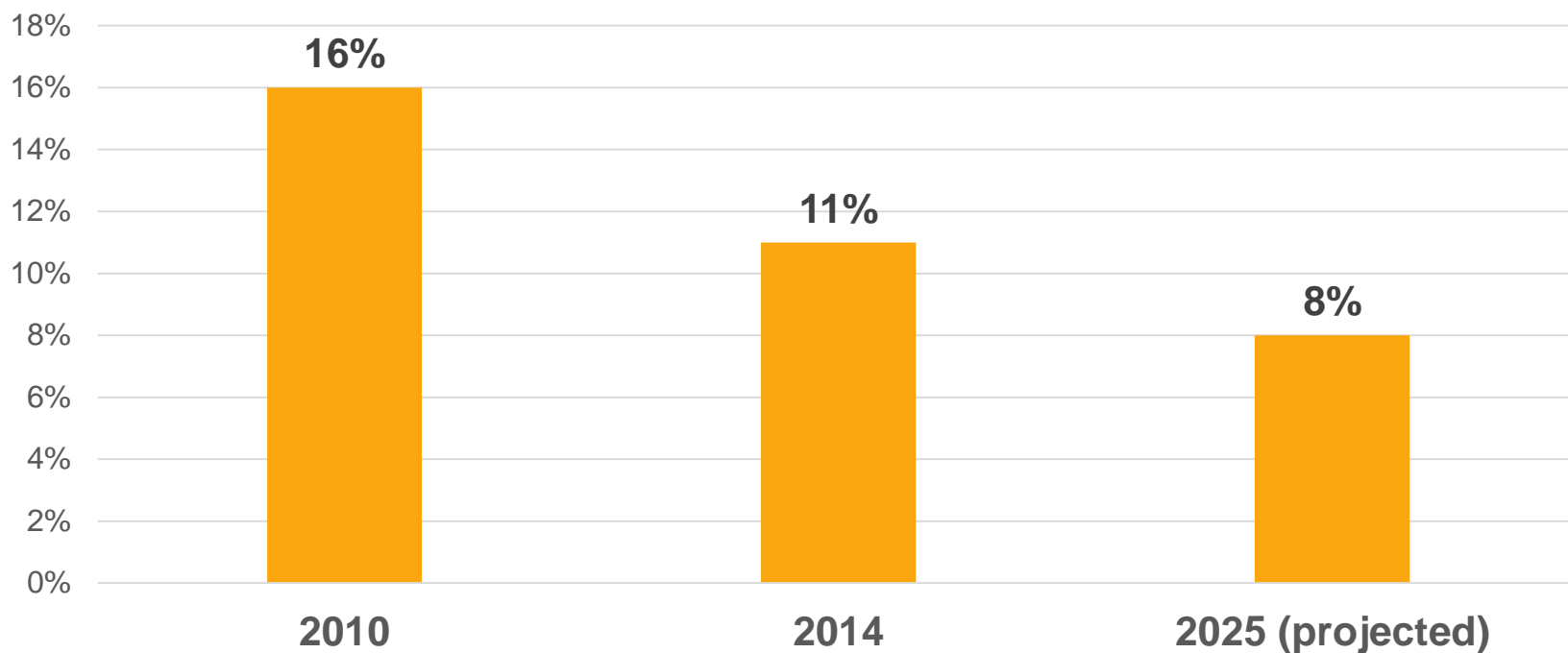
Most health plans and Medicaid must offer MH/SUD benefits at parity.

Billing code revisions support integrated, coordinated care

Performance pay is permeating more payment models.

# More Americans gaining coverage (that includes parity)

## U.S. Uninsured Rate



A sunset over a savanna landscape. The sun is low on the horizon, casting a warm orange glow across the sky and the land. The landscape features rolling hills, scattered acacia trees, and a winding river or path. In the foreground, a person is sitting on the edge of a large, flat rock formation, looking out over the vast landscape.

*Everything the light  
touches must be  
provided at parity...*

*...but consumers  
must know their  
right to claim it.*

# Opening up current billing codes

States changing billing codes to allow CMHCs to bill for primary care services:

- Indiana
- Tennessee
- Missouri
- Kentucky

# New collaborative care CPT codes

- Medicare plans will begin coverage and reimbursement for “Psychiatric Collaborative Care Management Services” starting in 2017
- Based on Collaborative Care Model (CoCM)
- Includes 3 codes to describe services furnished as part of the psychiatric CoCM

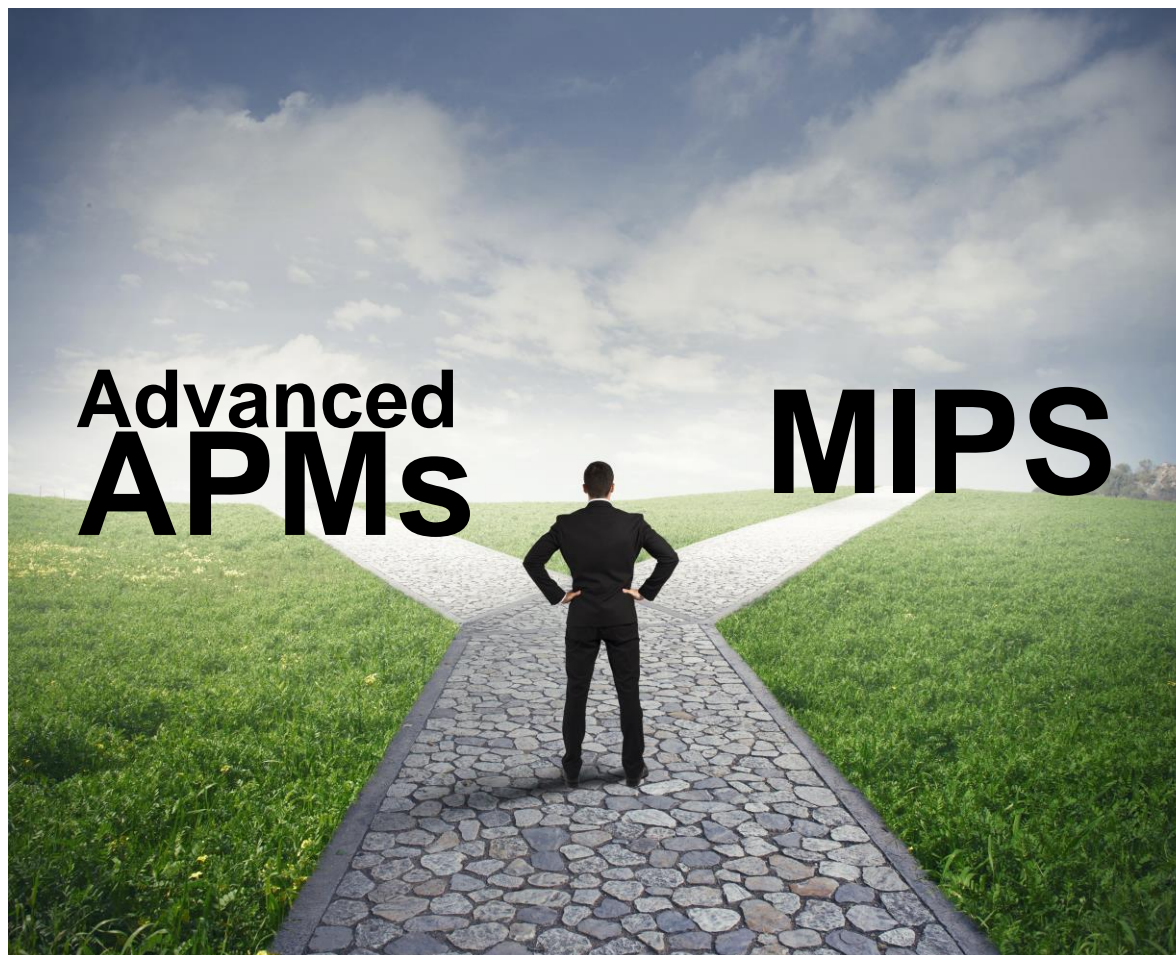
# New care management CPT code

- Medicare Transitional Care Management Services Codes<sup>1,2</sup>
  - Includes services provided to a patient whose medical and/or psychosocial problems require moderate- or high-complexity medical decision making during transitions in care
  - Communication and face-to-face visit within specified time frames post-discharge
  - CPT Codes 99495 and 99496

1. American Medical Association. CPT-Transitional Care Management Services (99495-99496). <http://www.sccma-mcms.org/Portals/19/assets/docs/TCM-CPT.pdf>. Accessed April 14, 2016. 2. American Academy of Family Physicians, Frequently Asked Questions: Transitional Care Management: [http://www.aafp.org/dam/AAFP/documents/practice\\_management/payment/TCMFAQ.pdf](http://www.aafp.org/dam/AAFP/documents/practice_management/payment/TCMFAQ.pdf). Accessed April 14, 2016.

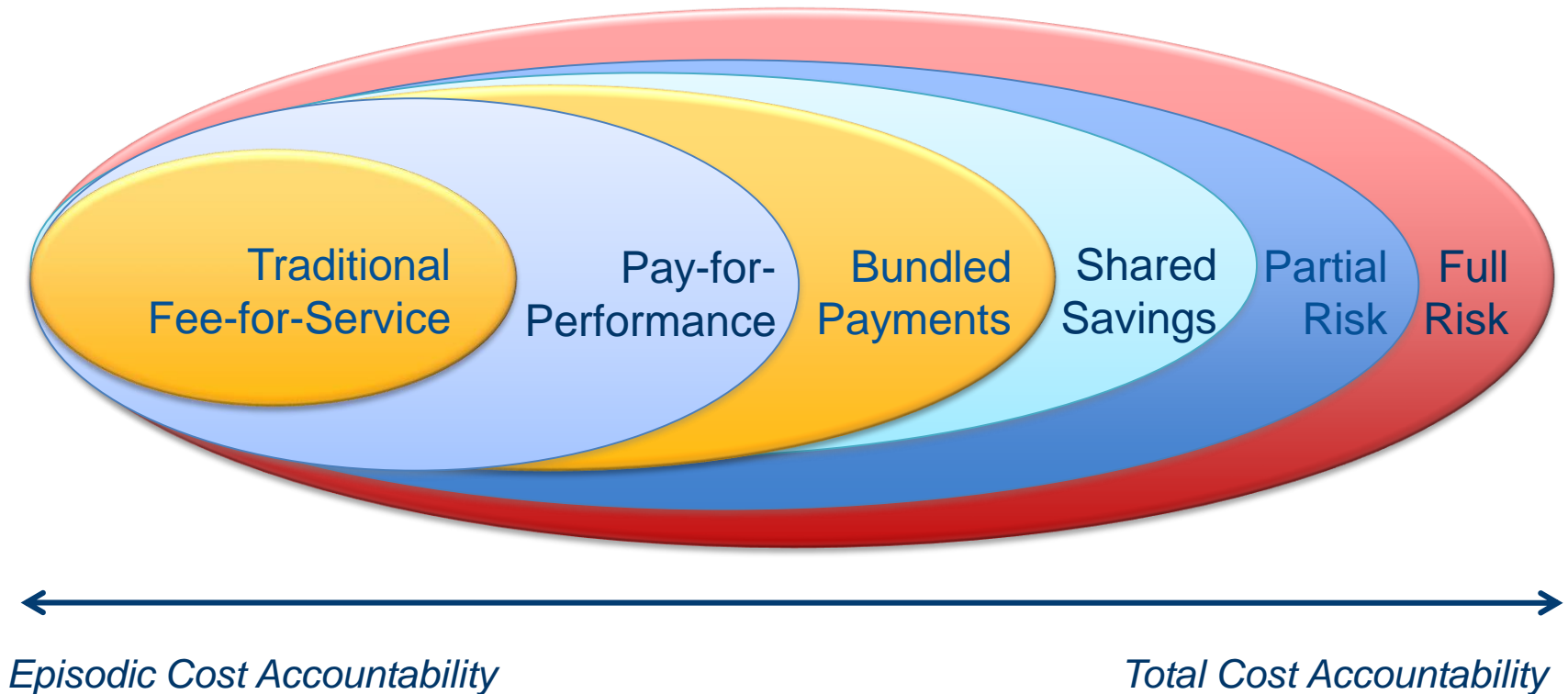


# MACRA's Choice





# Shifting risk & accountability to providers



# Moving from episodic “sick care” to population health management

In 2010,  
there  
were **no**  
ACOs...



Today, there  
are more  
than **700.**

# CMS transformation initiatives: DSRIP

## Delivery System Reform Incentive Payment Program

- Part of broader Section 1115 Waiver programs
- Funds to providers are tied to meeting performance metrics
  - Process metrics in the early years of the waiver
  - Outcome based metrics in later years
- DSRIP activities focused on integration in New York, Texas

# CMS transformation initiatives: SIM

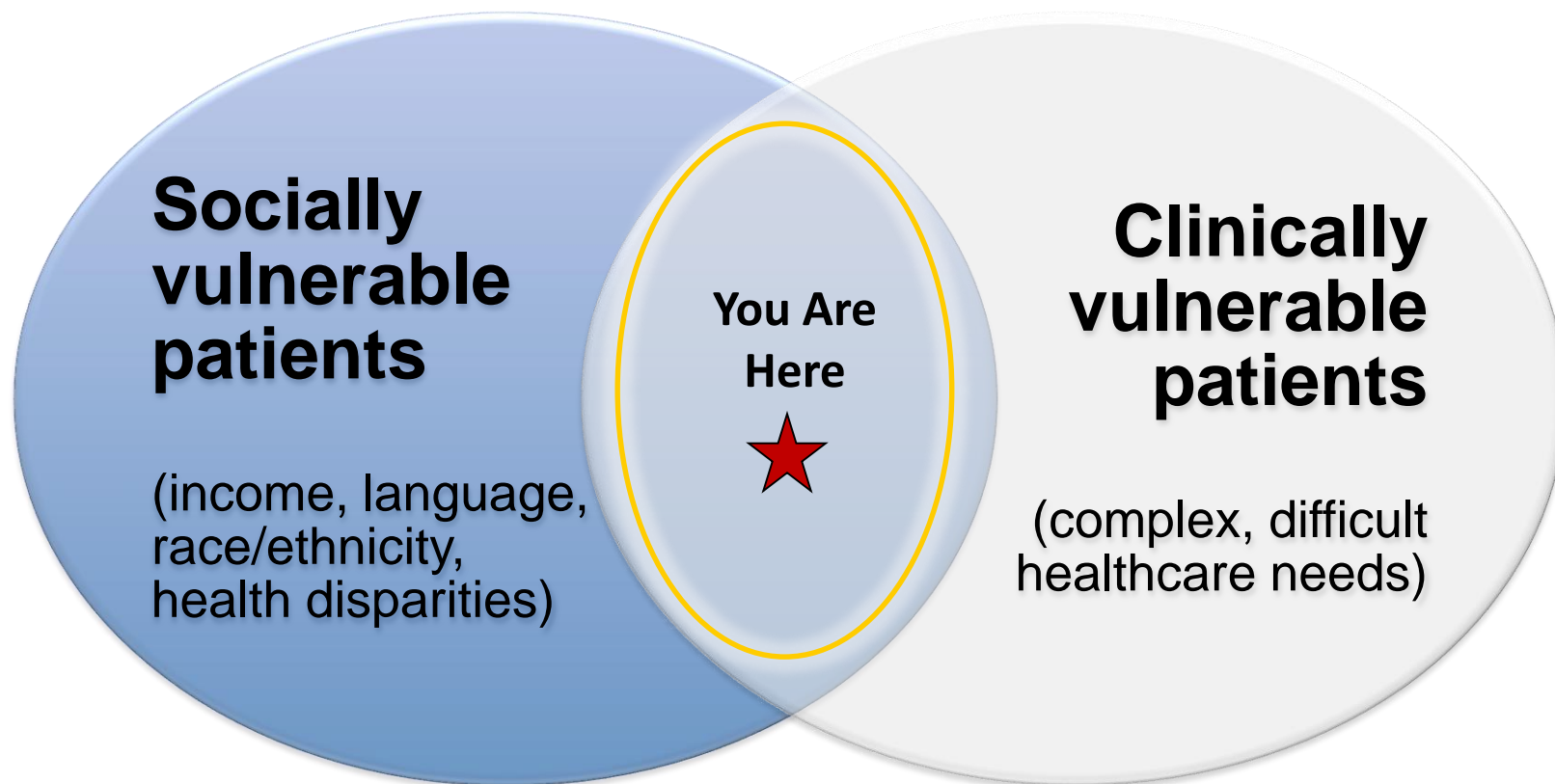
## State Innovation Models Initiative

Supports the development and testing of state-led, multi-payer payment and delivery models to improve performance/quality and decrease costs

Integration-focused SIM activities in:

- Colorado, Iowa, Maine, Massachusetts, Minnesota, New York, Oregon, Rhode Island, Tennessee

# Our niche: caring for complex, costly patients



Source: *Health Affairs*: VA Lewis, et al. "The Promise and Peril of Accountable Care for Vulnerable Populations: A Framework for Overcoming Obstacles." 2012.

# Demand for impact

- Transparent organization
- Reliability and reputation
- Using patient-specific data to examine progress or lack of progress
- Using registries and monitoring to benchmark staff variance in clinical practice standards



# Infrastructure Needs

- Contracting expertise and willingness to experiment
- Value-driven decision-making (outcomes + costs)
- Sophisticated compliance program
- EHRs with registries, HIEs
- Committed and valued workforce
- Smart, fearless, team-based leadership



# It Passed!

The largest federal investment in mental health and addiction treatment in a generation.



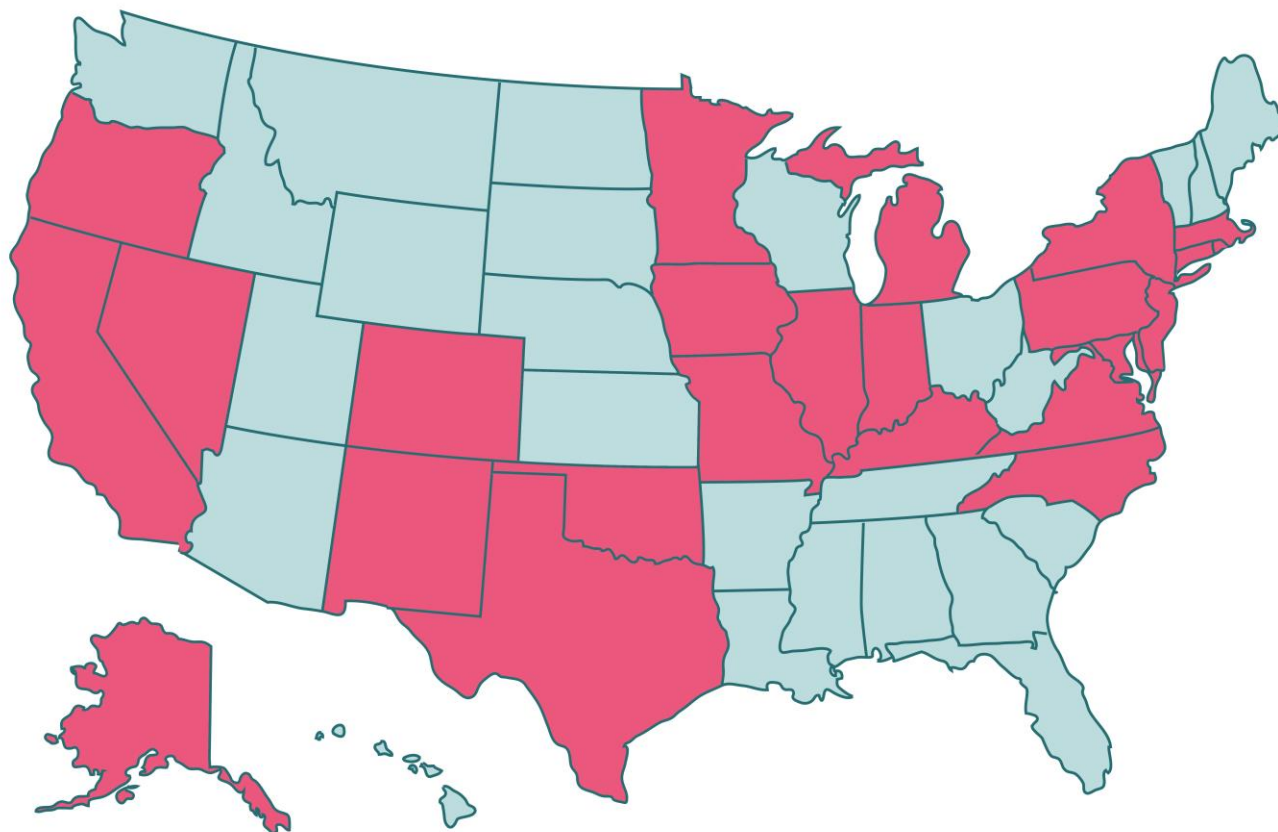
Senators Roy Blunt and Debbie Stabenow



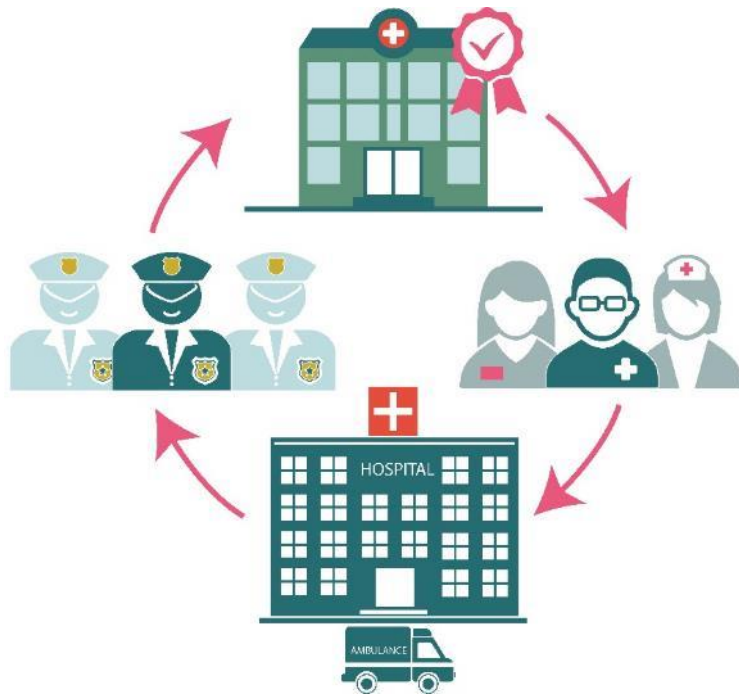
Representatives Leonard Lance and Doris Matsui



# 24 states are planning their participation

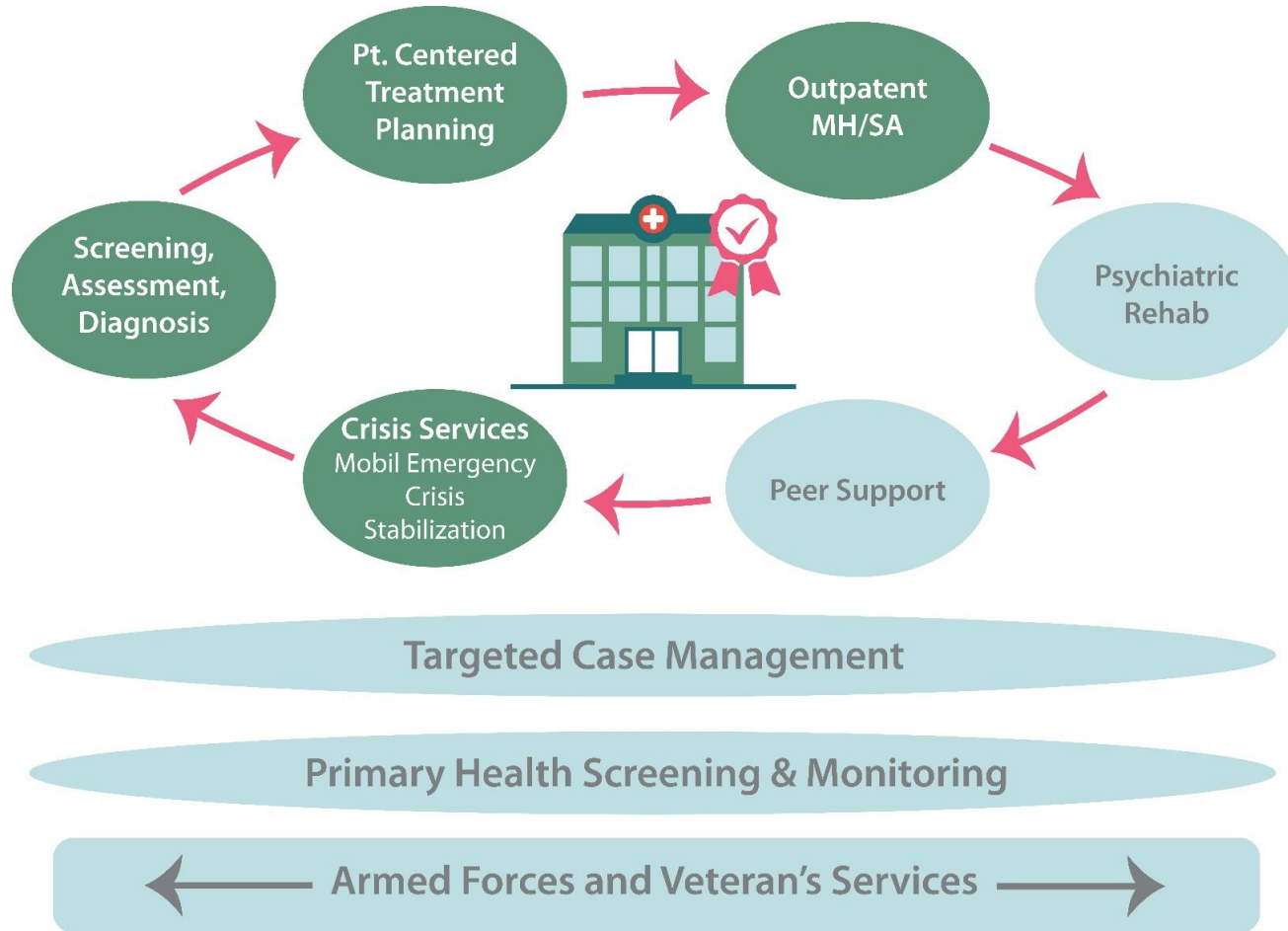


# What makes CCBHCs so different?



- New provider type in Medicaid
- Distinct service delivery model: trauma-informed recovery outside the traditional four walls
- New prospective payment system (PPS) methodology
- Care coordination and service delivery requirements necessitate new relationships with partner entities

# CCBHC Scope of Services



# Questions ?

